

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

RECEIVED

JAN 30 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

Y N			
II. Name of lobbyist's parti	nership, firm or corp	oration, if any:	
•	•		
Advantage Go.	ership, firm or corporation)	Tairs, CLC	
III. Name of Client			Date
Political Contributions			
			ter 664 paid on behalf of the
client/lobbyist and lobbying	firm, indicate the fol	lowing:	
	0 , ,,	1	
Full name of candidate:	Birdsell	Rosing	(Middle Name/Initial)
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	125,00	Office Candidate is	Seeking State Senate
			ls or services provided, and enter the
Full name of candidate:	110113440		
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
			•
			(Middle Name/Initial) Seeking
Amount of contribution \$ If the contribution is an in-kind actual cost of the in-kind contr	d contribution, provide a	Office Candidate is	Seekingls or services provided, and enter the
Amount of contribution \$ If the contribution is an in-kind actual cost of the in-kind contr	d contribution, provide a	Office Candidate is	Seekingls or services provided, and enter the
Amount of contribution \$ If the contribution is an in-kind actual cost of the in-kind contr	d contribution, provide a	Office Candidate is	Seekingls or services provided, and enter the
Amount of contribution \$ If the contribution is an in-kind actual cost of the in-kind contr	d contribution, provide a	Office Candidate is	Seekingls or services provided, and enter the
If the contribution is an in-kind	d contribution, provide a ribution on the line about word "estimate."	Office Candidate is	Seeking
Amount of contribution \$ If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	d contribution, provide a	Office Candidate is	Seekingls or services provided, and enter the

	estimated value and	d the word "estimate."	, , , , , , , , , , , , , , , , , , , ,	bution. If the actual cost is not kno
			,	
			~	
(If more	than three contribution	ns were made, report additiona	l contributions on separa	ate addendum C forms.)
Sworn	Statement/Affirm	nation by Lobbyist		
		A 15-B and RSA 664 and the best of my kytowledge		irm that the foregoing informati
Signa	ture of lobbyist)	HIS		/-/9-18
16.8.4	122 "	Hare I. 3m		(Date)